



MEMBERSHIP ID \_\_\_\_\_

## DELTA TRAP CLUB APPLICATION FOR MEMBERSHIP

OCTOBER 1st, \_\_\_\_\_ THRU SEPT 30th, \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ATA MEMBER:    Y / N    ATA# \_\_\_\_\_

*I THE UNDERSIGNED WILL ABIDE BY THE ARTICLES OF INCORPORATION  
AND THE BY-LAWS OF THIS NON-PROFIT CORPORATION.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MEMBERSHIP CARD ISSUED BY: \_\_\_\_\_

ANNUAL DUES: HOUSEHOLD \$85.00